

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
SACRAMENTO DIVISION

ESTATE OF HECTOR PEREZ, et al.,

Plaintiffs,

vs.

COUNTY OF YOLO, et al.,

Defendants.

Case No.

**DECLARATION OF SEAN PEREZ  
RE: CAL. CODE CIV. PROC. § 377.32**

I, Sean Perez, do declare and say:

1. I submit the following declaration concerning my status as a successor-in-interest to Hector Perez, pursuant to section 377.32 of the California Code of Civil Procedure.

2. Hector Perez was born on [REDACTED] 1959, in Mexicali, Mexico.

3. No proceeding is now pending in California for administration of the estate of Hector Perez.

4. I am a successor-in-interest to Hector Perez (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the biological son of Hector Perez.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Hector Perez in this pending action or proceeding.

6. A true and correct copy of the certified death certificate of Hector Perez is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on May 10, 2023, at Benicia, California.

  
Sean Perez



## COUNTY OF YOLO

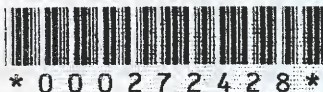
WOODLAND, CALIFORNIA 95695

3052023046989

## CERTIFICATE OF DEATH

3202357000168

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>HECTOR</b>		2. MIDDLE <b>VALDEZ</b>	
3. LAST (Family) <b>PEREZ</b>		4. DATE OF BIRTH mm/dd/ccyy <b>959 63</b>	
5. AGE Yrs <b>63</b>		6. SEX <b>M</b>	
7. UNDER ONE YEAR Months Days		8. UNDER 24 HOURS Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY <b>BC, MX</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LNK		12. MARITAL STATUS/SRDP (at time of death) <b>DIVORCED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>11</b>		14. DATE OF DEATH mm/dd/ccyy <b>02/14/2023</b>	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LNK		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>MEXICAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>LANDSCAPER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>BUSINESS OWNER</b>	
19. YEARS IN OCCUPATION <b>10</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>3088 COUNTY ROAD 88 C</b>	
21. CITY <b>DUNNIGAN</b>		22. COUNTY/PROVINCE <b>YOLO</b>	
23. ZIP CODE <b>95937</b>		24. YEARS IN COUNTY <b>2</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>MONICA PEREZ, DAUGHTER</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>[REDACTED]</b>		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>-</b>	
29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>ANTONIO</b>		32. MIDDLE <b>-</b>	
33. LAST <b>PEREZ</b>		34. BIRTH STATE <b>BC, MX</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>MARGARET</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>VALDEZ</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/ccyy <b>03/22/2023</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF MONICA PEREZ</b>	
41. TYPE OF DISPOSITION(S) <b>CREMATE/RESIDENCE</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>WOODLAND FUNERAL CHAPEL</b>	
45. LICENSE NUMBER <b>FD1784</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>AIMEE SISSON, MD, MPH</b>	
47. DATE mm/dd/ccyy <b>03/06/2023</b>		101. PLACE OF DEATH <b>OUTSIDE OF TRAILER</b>	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P. <input type="checkbox"/> ER/UP <input type="checkbox"/> DUA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/CLC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>YOLO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>3088 COUNTY ROAD 88C</b>	
106. CITY <b>DUNNIGAN</b>		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. NO NOT ABBREVIATE. (A) <b>GUNSHOT WOUND OF TORSO</b>	
108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>23-00122</b>		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. <b>NO</b>	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER <b>[REDACTED]</b>	
116. LICENSE NUMBER <b>[REDACTED]</b>		117. DATE mm/dd/ccyy <b>[REDACTED]</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE (A) mm/dd/ccyy (B) mm/dd/ccyy		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LNK		121. INJURY DATE mm/dd/ccyy <b>02/14/2023</b>	
122. HOUR (24 Hours) <b>1237</b>		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>OTHER OUTSIDE OF TRAILER</b>	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>DECEDENT SHOT DURING LAW ENFORCEMENT INVOLVED INCIDENT</b>		125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>3088 COUNTY ROAD 88C, DUNNIGAN, CA 95937</b>	
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>LAUREL WEEKS</b>		127. DATE mm/dd/ccyy <b>02/23/2023</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>LAUREL WEEKS, DEP CORONER</b>		129. FAX AUTH.# <b>[REDACTED]</b>	
130. CENSUS TRACT <b>[REDACTED]</b>		131. STATE REGISTRAR <b>A B C D E</b>	

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY CLERK-RECORDER.

DATE ISSUED

MAR 08 2023

JESSE SALINAS  
YOLO COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Clerk-Recorder.

PBNCO (Rev) 01/17

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

